

PART B - FEE(S) TRANSMITTAL

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Brigitta A. Brock	(Depositor's name)
<i>Brigitta A. Brock</i>	(Signature)
8-31-2009	(Date)

56429 7590 06/05/2009
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APPLICATION NO	FILED DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO
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10/006.604 06/26/2003 Cesar A. Gonzalez VRT0055US 4147

TITLE OF INVENTION, METHOD AND APPARATUS FOR TAPE LIBRARY EMULATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEES DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0	\$1510	09/08/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
DOAN, LUC T	2188	711-20200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)

- ☐ Change of correspondence address for Change of Correspondence Address form PTO/SB-122 attached.
☐ "Fee Address" indication for "Fee Address" Indication form PTO/SB-47, Rev 03-02 or more recent attached. Use of a Customer Number is required.

2. For printing on the patent from page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 1 Campbell Stephenson LLP
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

BYNACRE OPERATING CORPORATION

CUERTING, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☐ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 1

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- ☐ A check is enclosed.
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 56429 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

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Authorized Signature *Brigitta A. Brock*
Typed or printed name Brigitta A. Brock

Date 8-31-2009
Registration No. 48,509

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